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**Bib Data Sheet** 

**CONFIRMATION NO. 4361** 

| SERIAL NUMBER DATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   | FILING OR 371(c) DATE 03/23/2005 RULE      | Ó           | <b>CLASS</b><br>713           | GRO                    | OUP ART UNI<br>2131                                               |                       | ATTORNEY<br>DOCKET NO.<br>016901-145 |                                       |
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| APPLICANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   | 1 014/50511                                | <del></del> |                               |                        |                                                                   |                       |                                      | · · · · · · · · · · · · · · · · · · · |
| Erik Landberg, Stocksund, SWEDEN;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                            |             |                               |                        |                                                                   |                       |                                      |                                       |
| ** CONTINUING DATA *******************************  This application is a 371 of PCT/SE02/02120 11/21/2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                                            |             |                               |                        |                                                                   |                       |                                      |                                       |
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| ** SMALL ENTITY **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   |                                            |             |                               |                        |                                                                   |                       |                                      |                                       |
| The second state of the se |                                                                                                   |                                            |             | STATE OR<br>COUNTRY<br>SWEDEN | SHEETS<br>DRAWING<br>2 |                                                                   | TOTAL<br>CLAIMS<br>15 |                                      | INDEPENDENT<br>CLAIMS<br>1            |
| ADDRESS<br>21839                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                            |             |                               |                        |                                                                   |                       |                                      |                                       |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                            |             |                               |                        |                                                                   |                       |                                      |                                       |
| Data network related arrangement (multilateral)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                            |             |                               |                        |                                                                   |                       |                                      |                                       |
| RECEIVED N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FEES: Authority has been given in Paper<br>Noto charge/credit DEPOSIT ACCOUNT<br>Nofor following: |                                            |             |                               |                        | All Fees  1.16 Fees (Filing)  1.17 Fees (Processing Ext. of time) |                       |                                      |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                            |             |                               |                        | 1.18 Fees ( Issue )                                               |                       |                                      |                                       |
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